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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <small>(Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).)</small>		Docket Number (Optional) 59097(30471)	
Application Number      09/755,204-Conf. #4830		Filed      January 4, 2001	
For      METHOD FOR CLONING ANIMALS WITH TARGETED GENETIC ALTERATIONS BY TRANSFER OF LONG-TERM CULTURED MALE OR FEMALE SOMATIC CELL NUCLEI, COMPRISING ARTIFICIALLY- INDUCED GENETIC ALTERATIONS, TO ENUCLEATED RECIPIENT CELLS			
Art Unit      1632		Examiner      J. T. Weitach	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 <input type="checkbox"/> A check in the amount of the fee is enclosed <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      04-1105      I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34      33,928			
<u>Barbara S. Kitchell</u> Signature		<u>March 15, 2005</u> Date	
<u>Barbara S. Kitchell</u> Typed or printed name		<u>(203) 975-7505</u> Telephone Number	
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>			
<input checked="" type="checkbox"/> Total of      1      forms are submitted.			

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, 703-872-9306, on the date shown below	
Dated: March 15, 2005	Signature: <u>Lori Giuffrida</u> (Lori Giuffrida)